

**Pennsylvania Health Insurance Exchange Authority d/b/a Pennie™  
BOARD OF DIRECTORS STRATEGIC PLANNING MEETING MINUTES**

**Date:** February 25, 2021  
**Time:** 11:00 AM  
**Location:** Microsoft Teams meeting

**Preliminary Matters**

- Chairperson Altman addressed the group and recognized the hard work done by the Pennie Team.
- **Call to Order**
- **Roll Call**
  - Commissioner Jessica Altman, Pennsylvania Insurance Department (Chair) - Present
  - Sheryl Kashuba, University of Pittsburgh Medical Center Health Plan (Vice Chair) - Present
  - Alison Beam, Acting Secretary, Department of Health
    - Meghna Patel - Present
  - Jessica Brooks, Pittsburgh Business Group on Health - Present
  - Frank Fernandez, Capital Blue Cross - Present
  - Antoinette Kraus, Pennsylvania Health Access Network - Present
  - Laval Miller-Wilson, PA Health Law Project - Present
  - Alexis Miller, Highmark - Present
  - Paula Sunshine, Independence Blue Cross - Present
  - Teresa Miller, Secretary, Department of Human Services
    - Catherine Buhrig, Director of the Bureau of Policy for the Office of Income Maintenance at the Department of Human Service - Present
  - Tia Whitaker, Pennsylvania Association of Community Health Centers - Present
- Chairperson Altman introduced Alexis Miller as the newest member of the board.
- **The floor was opened for public comments, of which there were none.**

**Introductions / Role Transitions**

- Director Sherman introduced Pennie's new Chief Operating Officer, Andrew Angel.
- Hannah Turner has officially transitioned to her new role at Pennie: Marketplace & Insurer Operations Specialist. This role will lead the identification of issues and support customer-friendly solutions for the systems and processes between Pennie and its insurer partners.
- Director Sherman introduced meeting facilitator Dan Meuse.

**Meeting Orientation and Data Overview**

- Orienting with Data
  - The Board Members associated the following words with Pennie: friendly, cover(age), covered, supportive, help, success, innocent.
- Key OE Stats

- Enrollment demographics were presented for Pennie customers by income, age, race, and gender.
  - New vs. Renewing Customers by Age
    - ◆ Last year, Pennie presented information that showed the age group with the highest percentage of uninsured is 26-34. This year we outperformed our baseline customers in that age cohort.
    - ◆ **ACTION ITEM** - We currently do not know how the enrollment demographic by age bracket compares to other states but will research this. The 0-17 age group is highly dependent on where a state is putting its Medicaid/CHIP eligibility levels, but generally, the largest proportion of the age splits will be in the 55-64 age bracket.
    - ◆ We currently do not have an exact comparison of how the enrollment demographic by age bracket compares to previous years or how COVID-19 may have impacted the enrollment. However, looking at the new versus re-enrollees we get a sense of how the customers deviated from what we went into with renewals.
    - ◆ **ACTION ITEM** - The Pennie team will research statistics on the number of individuals passively enrolled that actively changed plans or insurers.
  - New vs. Renewing Customers by Race
    - ◆ The information presented reflects reporting on those who responded to this optional question on the application. There was approximately an 80% response rate.
    - ◆ Hispanic populations are disproportionately uninsured, and a key goal was trying to reduce this. Pennie outperformed the baseline in this category, but only 3% of Pennie customers are reported as LatinX.
    - ◆ In the future, Pennie would like to focus more on engaging with local community-based organizations specifically targeted to Hispanic or African American populations.
- Enrollments by County/Uninsured Numbers by County
  - Note: The uninsured numbers by county map uses data from 2014-2018 and our data reflects information as of January 22, 2021.
- Enrollment Numbers by Brokers and Assisters
  - **ACTION ITEM** - Pennie will research and present data to show broker and assister enrollments by income.
- Paid/Earned Media Stats and Impact
  - **ACTION ITEM** - Pennie will research advertising analytics by demographic.
- Customer Emails
  - The data presented is as of January 22, 2021 and reflects customers and prospects. These e-mails were not sent to brokers/assisters.
  - **ACTION ITEM** - Pennie to add BOD to appropriate e-mail lists.
- Social Media
  - This data represents organic analytics indicative of brand awareness and growth, not specific communities or advertising on these platforms.
  - **ACTION ITEM** - Harmelin is working through the analytics on the effectiveness of our paid advertisements through these channels.

## 2020 Performance Against Strategic Goals

- Statement of Purpose
  - Pennie aims to reduce the number of uninsured and underinsured Pennsylvanians by connecting them to accessible and affordable individual market health coverage.
- Review of 2020 Strategic Goals
  - Seamless Transition
    - ◆ Broker and Insurer OE Feedback
      - This feedback was collected from the broker workgroup as well as individual brokers. We collected insurer feedback as part of regular one-on-ones with Insurers and received feedback from all except for one dental insurer. Pennie also conducted a survey with partners.
  - Quality Access and Customer Service
    - ◆ **ACTION ITEM** - Pennie is researching how many customers referred to Medicaid were determined eligible.
    - ◆ Pennie would like to focus on improving the low number of non-English speaking brokers. Chairperson Altman shared this is a nationwide issue being discussed with the National Association of Insurance Commissioners. Last year, Pennsylvania launched examinations to become a licensed broker in both Spanish and Chinese and are currently evaluating the addition of other languages.
    - ◆ The assister data presented includes Medicaid enrollments as a large percentage of those people that come to assisters end up being Medicaid eligible. The assisters are handling more of the vulnerable population therefore assisters and brokers cannot be compared.
    - ◆ **ACTION ITEM** - Pennie will be conducting a consumer survey regarding plan premiums in order to understand the customer baseline of what they perceive to be expensive versus affordable.

## Setting 2021 Strategic Goals

- Relevance of 2020 Strategic Goals
  - 2020 goals the Board would like to carry forward as 2021 goals. The Board agreed the focus should remain on underinsured and underserved communities.
  - Pennie has become a venue for coordination across stakeholder groups, but also coordination of strategies to achieve goals for the collective interest of the Commonwealth.
- New Federal Priorities announced by the Biden Administration.
  - ◆ Providing the reconciliation bill is passed, state-based exchanges will receive a portion of federal dollars to implement operational changes (technology, call center, outreach)
- Potential New 2021 Strategic Goals
  - The Board discussed 2021 Strategic Goals in relation to the potential passage of the reconciliation bill, coverage for uninsured/underserved populations, and operational excellence.
  - **Motion:** *To adopt as the 2021 Strategic Goals for Pennie:*

- ♦ Execute New Federal ACA requirements through:
  - Leveraging these opportunities to maximize affordability and access;
  - Minimize disruption to market participants; and
  - Fiscal responsibility that ensures stability.
- ♦ Increase Health Coverage for Underinsured/Underserved Communities.
- ♦ Achieve operational excellence through improved customer service and ease of doing business with Pennie.
  
- ♦ *Motion: Paula Sunshine*
- ♦ *Second: Jessica Brooks*
- ♦ *Board Decision: Unanimous (11-0)*

### **Additional Operational Board Items for Discussion**

The floor was reopened for public comment due to the length of the meeting. There were no public comments.

#### Proposed 2022 Plan Certification Policy

- Proposed Requirements and additional considerations for plan certification
  - Coverage for COVID-19
    - Discussion resulted in updating the verbiage to reflect "in a manner consistent with the CARES Act." This change was made to eliminate any potential risk of being considered an expansion of essential health benefits.
  - Meaningful Difference
    - No change proposed from PY21 definition (adopted federal standard).
  - Renewal Plan Mapping
    - No change proposed from PY21 definition (adopted federal standard).
    - There were concerns raised regarding disagreements on plan mapping to clarify the appropriate intervention would be adjusting the plan mapping itself rather than an issuer's certification. It is Pennie's intention to collaborate with the insurer and not adjust issuer certification should disagreements arise. It was decided to adopt this language as proposed but will consider verbiage adjustment for future years. Pennie and stakeholders to convene in spring/summer 2021 for discussion on these considerations, federal standards, and a state-specific standard for PY2023.
  - Producer Commissions
    - Pennie staff proposed to update the advanced notice of commissions to 30 days in before OEP to alleviate insurer concern regarding timing. Chairperson Altman agreed that final rate release dates are flexible, and this would be acceptable from the PID perspective.

- There was discussion around the commissions never dropping below the level of OEP commissions and concern regarding flexibility and consistency. It was determined to add a "no reduction after sale" and a "30-day notification in advance of changes to the commission up or down after OEP."
- Memorandum for Request for Plan Certification
  - Insurers will submit a memo requesting consideration for plan certification. Staff will work with insurers to develop and share a memo template as early as feasible.
- **Motion:** *To adopt the 2022 Plan Certification Requirements for Pennie as follows:*
  - *Provide coverage for COVID-19 vaccination, testing, diagnosis, and treatment in a manner consistent with the CARES Act.*
  - *The Meaningful Difference certification requirement with no changes as presented on the slide.*
  - *Plan Mapping to be adopted as presented on the slide with no changes but ensuring we will have consideration of clarifying the language regarding disagreement intervention to be adjusting the plan mapping itself rather than an issuer's certification. Pennie will adopt the federal standard but looks forward to constructing potentially a more Pennie-specific policy for future use.*
  - *Producer Commissions:*
    - *If an insurer pays producer commissions, then the commission payment schedules for 2022 Plan Year QHPs & QDPs sold through the Exchange Authority's platform must satisfy the following conditions:*
      - *The producer commission payment schedule for open enrollment period must be made available to the Exchange Authority and to producers at least 30 days in advance of the start of the open enrollment period or within 72 hours of final rates being released if final rates are released less than 30 days before the start of the open enrollment period;*
      - *Insurers will not be permitted to make changes to the commission payment schedule until after the end of the open enrollment period. Exceptions may be granted on a case-by-case basis when a change is due to extenuating circumstances outside of an insurer's control (e.g. late approval of rates by PID, statutory or regulatory changes.); and*
      - *After the end of the annual open enrollment period, an insurer will be permitted to make changes to its commission payment schedule under the following conditions:*
        - *The commission payment schedule will have no reduction after sale for current plan year sales.*

- *The commission payment schedule can be increased at any time after the notice to the Exchange Authority and producers; and*
  - *The commission payment schedule can be decreased after providing thirty (30) days advanced notice to the Exchange Authority and producers.*
- ♦ *Motion: Alexis Miller*
  - ♦ *Second: Laval Miller-Wilson*
  - ♦ *Board Decision: Unanimous (11-0)*

**Adjournment**

**Meeting was adjourned at approximately 5:13 PM.**